PTO/SB/06 (08-03)
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	PAT	ENT APPLI	CATION Substit	RECORD	ECORD Application or Docket Number 97						
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
Г	FOR	NUMB	NUMBER FILED		NUMBER EXTRA		RATE	FEE	1		
	CFR 1.16(a))					1	RATE	3	1	RATE	FEE
101	AL CLAIMS CFR 1.18(c))	1/	minus 20 = .			1			OR		\$
IND	EPENDENT CLA	MS E				1	x s	 	CR	× 5•	
(37 CFR 1.18(b)) 5 minus 3 = .U \ C C					-	× 3		OR	X \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						J	+5		OR	+\$=	
"if the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	790
3/ CLAIMS AS AMENDED - PART II											
V14/0 C										R THAN	
-	7	(Column 1)		(Column 2) HIGHEST	(Column 3)	1	SMALL	NTITY	1		ENTITY
¥		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI
	Total	AMENDMENT	Batter .	PAID FOR		1		FEE	ا		TIONAL FEE
Š	(DF CFR 1.16(cl)	1/	euniM	20	<u> </u>		x s		OR	x \$	
AMENDMENT	Independent (27 CFR 1:150)	5	Minus	"12	•		X3		OR	x s=	
₹	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	BYT CLAIM (37 CF	FR 1.16(d))		+5		OR	+1 .	
1							TOTAL		,	TOTAL	
4	1/2/05	10-1					ADD'L FEE		OR	ADD'L FEE	L
В	100(0)	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)	1			1 !		
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É	Total	AMENDMENT	Minus	PAID FOR	3 ,	11		FEE			FEE
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AMENDMENT	(JP CFR 1.16(b))		rem rus	10	<u>'</u> ,		x \$=		OR	x s=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+5=		O R	+5=	
						• '	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Cotumn 3)				-		
၁		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADD1-		RATE	ADDI-
Z		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL FEE		7-17	TIONAL FEE
NDMENT	Total (IF CFR 1.16(cl)	•	Minus	11			xs =		OR	xs =	,
	Independent (37 CFR 1,15(bi))	•	Minus	***	8						
AME		ATION OF MULTIPLE	E DEPENDI	ENT CLAIM (37 CS	R 1.16(d))				OR	X \$=	
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.15(d))							TOTAL ADD'L FEE		OR	+ s =	
	• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	ADD'L FEE	
*** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "20".											

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

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